



(Substitute) PTO/SB/21 (02-04)

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**TRANSMITTAL
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		Application Number	09/729,888
		Filing Date	December 4, 2000
		First Named Inventor	James B. Copelan
		Art Unit	3764
		Examiner Name	Michael A. Brown
Total Number of Pages in This Submission	7	Attorney Docket Number	C1123/20008

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): - Return Receipt Postcard	<input type="checkbox"/> Remarks **No fee is required for this filing. However, the Office is hereby authorized to charge Attorney Account No. 03-0075 as necessary to effect entry and/or ensure consideration of this submission.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd.; Customer No. 03000 Frank M. Linguiti, Esq.
Signature	
Date	June 28, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. [Transmitted to Facsimile No. (703) *]

Typed or printed name	Frank M. Linguiti, Esq.
Signature	
	Date June 28, 2004

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3764
JFA
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT EXAMINING OPERATION

Applicant: James B. Copelan
Serial No: 09/729,888 Group Art Unit: 3764
Filed: December 4, 2000 Examiner: Michael A. Brown
Att. Docket No.: C1123/20008 Confirmation No.: 7354
For: A PRE-SURGICAL SAFETY, WARNING NOTIFICATION AND/OR
SAFETY DEVICE

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated June 15, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.